

NOV 08 2005

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**SCULLY, SCOTT, MURPHY
& PRESSER****Fax**

To:	Examiner George R. Fourson III Art Unit: 2823	From:	Leslie S. Szivos
Fax:	571-273-8300	Pages:	15 pages including fax cover sheet
Phone:		Date:	11/8/2005
Re:	U.S. Patent Appln. No. 10/768,341 Docket: YOR920030639US1 (17341) Confirmation No. 6381	CC:	

RESPONSE TO OFFICE ACTION

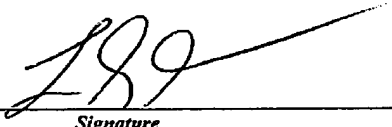
Please see the following documents:

1. Amendment Transmittal (in duplicate)
2. Authorization to charge IBM deposit account
3. Response under 37 C.F.R. § 1.111
4. Certificate of transmission by facsimile dated November 8, 2005

If you have any questions concerning this facsimile please contact Vivian Henriquez at 516-742-4343.
Thank you.


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AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. YOR920030639US1 (17341)	
Applicant(s): Joel P. DeSouza et al.						
Application No. 10/768,341	Filing Date January 30, 2004	Examiner George R. Fourson III	Customer No. 23389	Group Art Unit 2823	Confirmation No. 6381	
Invention: HIGH ELECTRICAL QUALITY BURIED OXIDE IN SIMOX						
<u>COMMISSIONER FOR PATENTS:</u>						
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	27 -	27 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	5 -	5 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 50-0510/IBM <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 Signature			Dated: November 8, 2005			
Leslie S. Szivos, Ph.D. Registration No. 39,394 SCULLY, SCOTT, MURPHY & PRESSER 400 Garden City Plaza - Suite 300 Garden City, New York 11530			<div style="border: 1px solid black; padding: 5px;"><p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____</p><p>(Date)</p><p>_____ Signature of Person Mailing Correspondence</p><p>_____ Typed or Printed Name of Person Mailing Correspondence</p></div>			
CC:						

P11LARGE/REV09

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